

Political Organization  
Notice of Section 527 Status

OMB No. 1545-1693

Part I General Information

1 Name of organization **Associated Industries of Florida  
Political Action Committee, Inc.** Employer identification number  
**59 1541669**

2 Mailing address (P.O. Box or number, street, and room or suite number)

**Post Office Box 10085**

City or town, state, and ZIP code

**Tallahassee, Florida 32302**

3 E-mail address of organization

**mramos@aif.com**

4a Name of custodian of records

**Michael A. Ramos**

4b Custodian's address

**P.O. Box 10085  
Tallahassee, FL 32302**

5a Name of contact person

**Michael A. Ramos**

5b Contact person's address

**P.O. Box 10085  
Tallahassee, FL 32302**

6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number

**516 North Adams Street**

City or town, state, and ZIP code

**Tallahassee, FL 32301**

Part II Purpose

7 Describe the purpose of the organization **The purpose for which the corporation is organized shall be to support and maintain the principles of the private enterprise system, to raise funds for this purpose, and from such funds to make contributions to those persons in political work, without regard to party affiliation, who by their acts have demonstrated their interest in the private enterprise system, and to carry on additional projects in support of the free enterprise system. The corporation shall be a corporation not for profit. (Area, Scope and Jurisdiction of The Committee)**

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address
None		

**Part IV** List of All Officers, Directors, and Highly Compensated Employees (see instructions)

[illegible]

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign  
Here**

Signature of authorized official

David P. Yon, CPA Treasurer

07-31-00

Date \_\_\_\_\_



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Form **8871** (7-2000)